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FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) 896-5100

Fax # (803-896-5199)

CLASS C - TAXI

2006-20-T DATE January 3, 2006

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Billy McBride d/b/a

Express Shuttle Service

2. (a) Street Address of Applicant

1531 Toronto Road
Columbia, SC 29204

- (b) Mailing address, if different from street address

PO Box 4494
Columbia, South Carolina 29240

- (c) Telephone Number (803) 251-6600 SS No.

If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State 'Foreign Corporation' Certificate.)

- (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

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7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filled:

Month: 1 Year: 04

Assets:	
Cash	490.00
Receivables	00
Real Estate	NONE
Buildings and Equipment-Net	NONE
Motor Vehicles-Net	\$500.00
Garage Equipment-Net	NONE
Machinery and Tools-Net	NONE
Supplies on Hand	50.00
Prepays and Other Assets	NONE
Total Assets	\$ 890.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	10,090.00
Mortgages Payable	NONE
Equipment Obligations	NONE
Accrued Salaries and Wages	NONE
Other Accrued Obligations	NONE
Other Liabilities	NONE
Total Liabilities	10,090.00
Capital Stock	
Retained Earnings	490.00
Total Equity	00
Total Liabilities and Equity	10,090.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF RichlandI, Billy McBride
(Name of Applicant's Representative)Owner

(Title)

of _____ the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Heritage Trust FCUThis the 11 day of JANUARY 2006Debra McHouston
(Notary Public)Billy McBride
(Signature of Applicant's Representative)Commission Expires: My Commission Expires Sept. 12th 2011

EXHIBIT C

CLASS C

TAXI ☒CHARTER ☐

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Express Shuttle Service

For the transportation of passengers as follows:

Area to be served: South Carolina, North Carolina,
Georgia, FloridaNumber of passengers: 6m-18 (with driver) ~~52~~Fares: Meter \$2.00 per mileDate January 3, 2006Billy McBride
ByOwner
Title

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

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APR 11 2005

Filed with **SC PUBLIC SERVICE COM**

(Name of Commission)

(Hereinafter called Commission)

ORS

This is to certify, that the **National Casualty Company**

(Name of Company)

T.T.W./W.W

(hereinafter called Company) of **8877 N. Gaiway Center Drive Scottsdale, AZ 85258**

(Home Office Address of Company)

has issued to **BILLY MORRIS JR. EXPRESS SHUTTLE SERVICE** **04/01/2005** **12:01 A.M.** **1531 TORONTO ST. COLUMBIA, SC 29204**

(Name of Motor Carrier)

01

(Address of Motor Carrier)

a policy or policies of insurance effective from **04/01/2005** **12:01 A.M.** standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Counsigned at **8877 N. Gaiway Center Drive Scottsdale, AZ 85258**

(Signed Address)

(City)

(State)

(Zip Code)

this **7th** day of **April**, **2005**

Insurance Company File No. **CA00190088**

(Policy Number)

M. E. Not

(Authorized Company Representative)

MFC 1633a (Ed. 8-99)

IRB 3539 B

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For carriers with total revenues less than \$75,000)
FOR YEAR ENDING DECEMBER 31, 2005 OR FISCAL YEAR ENDING 4/1/06

CARRIER NAME Billy B. McBride dba Express Shuttle Service
STREET ADDRESS 1531 Toronto St
CITY, STATE, ZIP CODE Columbia SC 29204
TELEPHONE NUMBER (AREA CODE) 803-251-6600
FEDERAL IDENTIFICATION NUMBER 249-0408682

Operating Revenues:

1. SC Regulated Authority \$ 19'200.00 (all monies received within South Carolina)
2. Other Revenues \$ 370.00 (Monies received outside of South Carolina)
3. Total Revenues 19'570.00 \$ 19'570.00 (total of line 1 + line 2)

4. Operating Expenses:

5. Salaries and Wages _____ (Money paid to employees)
6. Operating Supplies Gas & Oils 11'00.00 (cleaning, office, etc)
7. Repairs Auto only 1'355.00 (on vehicles)
8. Taxes and Licenses _____ (on vehicles)
9. Insurance Auto only 3'600.00 (on vehicles)
10. Utilities and Communications 1'080.00 (phones and radios)
11. Depreciation 1998 GMC Suburban (vehicles)
12. Rent Office 2'475.00 (vehicles, office)
13. Interest 8 mos. 476.00 (vehicle loan)
14. Miscellaneous Advertising 2'180.00 (smaller expenses that are not included in the other categories)
15. Total Expenses \$ 22'335.00 (Total lines 5 through line 14)
16. Net Operating Income (Loss) \$ -2'665.00 (line 3 minus line 15)
17. Operating Ratio (Total Expenses divided by Total Revenue) 1.14 %